Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

NOTICE FILING					
GENCY NAME ffice of Healthy Schools		TELEPHONE NUMBER 601-359-1737		MBER	
DDRESS 59 North West Street			STATE MS	ZIP 39205	
DATE	Name or number of rule(s): Approval to revise State Board Policy 2004 – Family Day Care Homes Management Plans				
ides guidance to be ay Care Homes. promulgation of r	used by the MS Department of Educule: MS Code 37-1-3	cation in the e			
	A CONTRACTOR OF THE CONTRACTOR				
nould be submitted to ude the name, address ess, and telephone nu	the agency contact person at the above , email address, and telephone number mber of the party or parties you repres	address withing of the person ent. At any tin	n twenty (20) days (s) making the req ne within the twen	after the filing of this uest; and, if you are an ity-five (25) day public	
X Economic impact statement not required for this rule. Concise summary of economic impact statement attached.					
PROPO	PROPOSED ACTION ON RULES		FINAL ACTION ON RULES		
New Ame Adop Proposed fir X 30 d	Action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference Proposed final effective date: 30 days after filing - 11/21/10 Other (specify):		Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing		
Printed name and Title of person authorized to file rules: Shane McNeill – Bureau Manager – Office of Healthy Schools					
Signature of person authorized to file rules:					
DO NO			OFFICIAL FILING	S STAMP	
	RETARY OF CHARLE	Accepted	for filing by		
	repeal and reason rides guidance to be to ay Care Homes. promulgation of respended by the prostruction of the state of the	Approval to revise State Management Plans Approval to Feducate Approval to revise State Management Plans Approval to Feducate Approval to revise State Management Plans Approval to Feducate Management Plans Approvation Approvat	CONTACT PERSON Shane McNeill CITY Jackson, Name or number of rule(s): Approval to revise State Board Police Management Plans Time: Place: P	CONTACT PERSON Shane McNeill 601-339-1737 CITY Jackson, SUBMIT DATE Approval to revise State Board Policy 2004 – Family I Jackson, MS SUBMIT Approval to revise State Board Policy 2004 – Family I Management Plans Approval to revise State Board Policy 2004 – Family I Management Plans Approval to revise State Board Policy 2004 – Family I Management Plans Approval to revise State Board Policy 2004 – Family I Management Plans Approval to revise State Board Policy 2004 – Family I Management Plans Approval to revise State Board Policy 2004 As rule on Date: MS Code 37-1-3 Appended by the proposed rule: State Board Policy 2004 As rule on Date: Place: Action on Date: Place: Dotter specification of the party or parties you represent. At any time within the twere arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the equired for this rule. Concise summary of economic impact statement proposed: New rule(s) Action proposed: New rule(s) Action taken: New rule(s) Adopted with no ch Adopted with no ch Adopted with no ch Adopted with change Adopted by reference Proposed final effective date: X 30 days after filing – 11/21/10 Other (specify): Do Not Write Below This Line Official Filling Stamp Official Filling Stamp	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.